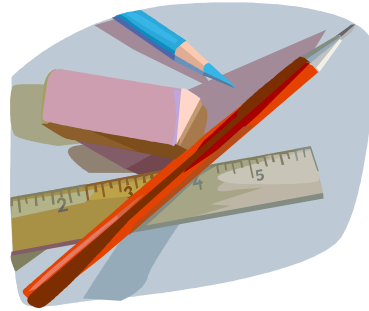


# Reading and Mathematics Survey (2014)



## Questionnaire for Pupils in Second Class

Are you:      a boy?                       a girl?

1. What age are you?

I am  years old.

2. Were you born in Ireland?

Yes

No

<sub>1</sub>

<sub>2</sub>

2a. If you were not born in Ireland, how old were you when you came to live in Ireland?

I was  years old when I came to Ireland.

3. Do you speak English at home?

Yes

No

<sub>1</sub>

<sub>2</sub>

4. Do you speak Gaeilge (Irish) at home?

Yes

No

<sub>1</sub>

<sub>2</sub>

5. Do you speak another language at home?

Yes

No

<sub>1</sub>

<sub>2</sub>

If YES, what is it called? \_\_\_\_\_

6. What language do you speak at home most often?

(Only tick one box)

a) English..... <sub>1</sub>

b) Gaeilge (Irish) ..... <sub>2</sub>

c) A different language ..... <sub>3</sub>



**7. Do you like school?**

- Yes, I like school ..... <sub>1</sub>
- I'm not sure..... <sub>2</sub>
- No, I don't like school ..... <sub>3</sub>

**8. How often do you do...**

- |                               | <i>Most<br/>school<br/>days</i>       | <i>2 or 3 times<br/>a week</i>        | <i>Hardly<br/>ever</i>                |
|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>English</b> homework?..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| <b>maths</b> homework? .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**9. On a school day, do you ever do these things before or after school?**

*(Tick one box on each line)*

- |  | <i>Yes, most<br/>days</i>             | <i>Yes, some<br/>days</i>             | <i>Never</i>                          |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Watch TV, videos or DVDs.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b) Play games on a computer or games console (like Playstation or XBox)..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c) Use the Internet.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d) Do jobs at home .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| e) Do maths homework .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| f) Do English homework .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| g) Read a book for fun .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| h) Read a comic or magazine for fun...                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| i) Play sports.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| j) Go to activities or clubs (like music, dance or art) .....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| k) Play with friends.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| l) Play by yourself.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

- 10. Outside of school do you have...** *Yes* *No*
- a) extra lessons in English? ..... <sub>1</sub> <sub>2</sub>
- b) extra lessons in maths?..... <sub>1</sub> <sub>2</sub>
- 
- 11. Do you have these things in your home?** *Yes* *No*
- a) Computer or tablet..... <sub>1</sub> <sub>2</sub>
- b) Games console (like Playstation or Xbox)..... <sub>1</sub> <sub>2</sub>
- c) The Internet ..... <sub>1</sub> <sub>2</sub>
- d) TV in your bedroom..... <sub>1</sub> <sub>2</sub>
- e) Your own mobile phone/smartphone..... <sub>1</sub> <sub>2</sub>
- f) Personal music player (like an iPod or MP3 player) ..... <sub>1</sub> <sub>2</sub>

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**Here are some questions about you and English reading.**

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**12. Do you think you are good at English reading?**

- a) Yes, very good ..... <sub>1</sub>
- b) Yes, ok ..... <sub>2</sub>
- c) No, not so good ..... <sub>3</sub>

**13. When you get English homework, how often do you...**

- |   | <i>Most<br/>days</i>                  | <i>Some<br/>days</i>                  | <i>Never</i>                          |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a) answer questions in your English workbook? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b) learn English spellings? .....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c) read a book? .....                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d) use a computer? .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| e) write a story?.....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**14. Do you ever borrow books from a library outside school?**

Yes                      No  
<sub>1</sub>                      <sub>2</sub>

**15. When you are at home, how often do you...**

	<i>Most days</i>	<i>Some days</i>	<i>Never</i>
a) read with your mum or dad? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) read with another adult at home (like your granny or granddad?) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) read books on your own for fun? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) read magazines or comics on your own for fun? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

*Here are some things that people say about English reading. You might agree with some of them and not with others. Tick yes or no on each line to show what you think.*

	Yes	No
16. 'I like reading' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
17. 'I really want to do well at reading' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
18. 'My teacher thinks I am good at English reading' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
19. 'I like to tell my family about what I am reading' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
20. 'I like to read about things I am interested in' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
21. 'I like to talk to my friends about what I am reading' .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>



**22. When you read a story in English by yourself, do you often...**

- |  | <i>Yes</i>                            | <i>No</i>                             |
|--|---------------------------------------|---------------------------------------|
| a) think what the story might be about before you start?.....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b) ask yourself questions to see if you understand the story?..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c) compare the people in the story to yourself?.....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**23. When you see a new word in your English reader, do you often...**

- |  | <i>Yes</i>                            | <i>No</i>                             |
|--|---------------------------------------|---------------------------------------|
| a) skip the word?.....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b) try to sound it out? .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c) use the words around it to figure it out? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d) use the picture to figure it out? .....         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e) ask someone for help? .....                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |



***Thank you for answering our questions.***